

JOB SATISFACTION OF DIRECTORS OF NURSES  
WORKING IN LONG-TERM CARE

A Thesis Presented to the  
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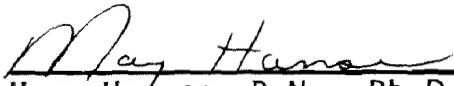
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**JOB SATISFACTION OF NURSE ADMINISTRATORS WORKING IN  
LONG-TERM CARE**

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JOB SATISFACTION OF DIRECTORS OF NURSES  
WORKING IN LONG-TERM CARE

An Abstract of a Thesis by

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The Problem. The purpose of this study was to determine whether a significant relationship existed between job satisfaction of long-term care facilities' Directors of Nurses and the leadership style practiced by their administrators. In addition, the relationship between the length of time they had worked with their current administrator and job satisfaction was studied.

Procedure. A Job Satisfaction Survey developed by Paul Spector (1985) was mailed to 100 percent of the long-term care facilities' Directors of Nurses in a midwestern state. The survey was designed to measure overall employee job satisfaction. The total response rate was 66 percent.

Findings. A significant relationship was found between job satisfaction of long-term care facilities' Directors of Nurses and the leadership style practiced by their administrators. In addition, a significant correlation was found between the length of time Directors of Nurses had worked with their current administrator and job satisfaction.



Conclusions. The results of this study can be of great value to nursing home owners and administrators who are interested in subordinate job satisfaction, employee retention, and provision of quality care to patients residing in their long-term care facility. Assisting administrators to better understand the needs of their Directors of Nurses could lead to a more effective and productive working relationship and an increased tenure of the nursing administrator. Awareness of the perceived importance of participatory leadership, as it influences the job satisfaction of Directors of Nurses, can influence the planning of management strategies that promote optimal performance by the long-term care facility administrative team.

Recommendation. Recommendations for future research include replicating this study using different geographical areas, administering a leadership style-questionnaire, and statistically analyzing the demographical data.

## CHAPTER I

### Introduction

#### Background and Statement of Problem

By the year 2000, an estimated 32 million senior citizens will reside in this country. Of this number, it is estimated that at least 3 million will need institutional care sometime during their later years. Providing high-quality care to this population is the goal of long-term care nurse executives. What makes this challenge more difficult is the lack of information available to guide administration in attaining this goal (Loveridge & Heineken, 1988).

Renewed attention has recently been focused on the multiple problems facing long-term care facilities. One of the most serious and yet often overlooked problems affecting long-term care is the 40% to 75% annual turnover rate among all nursing home personnel. The full impact of job turnover has not been adequately explored, but it may cause serious medical, social, and financial hardships to nursing home residents and their families as well. The economic cost of hiring, training, and supervising a new employee has been estimated to be as high as four times the former

employee's salary. Ultimately, of course, such costs are passed on to the consumer. Furthermore, these problems are compounded by the added strain that job turnover places on the remaining staff (Waxmen, Carner, & Berkenstock, 1984).

Despite speculations as to the causes of employee turnover in long-term care, very little substantive research has been conducted on the problem. One speculation is that turnover in the nursing home industry is related to the management style of nursing home administrators and how employees perceive they are being treated. Such issues have been generally addressed in the literature on organizational behavior and could be relevant to turnover in nursing homes. For example, Price (1973) proposed that "centralization," meaning the "degree to which power is concentrated in a social system" (p. 76), is a general determinant of turnover, with greater turnover existing in organizational systems where decision making is a central rather than a diffused responsibility. The possibility that organizational structure plays an important role in job turnover among nursing home personnel has not been adequately explored (Waxman et al., 1984)

Job satisfaction of employees is a topic that has received considerable attention by researchers and practitioners alike. It has been estimated that 4,793 articles had been written on the topic by 1985. In all of these writings relatively little can be found about the employee in human service organizations. In these organizations, however, there is evidence that satisfaction is associated with employee performance and client outcomes (Spector, 1985). Organizational research studies in the area of job satisfaction have shown that positive attitudes among nursing staff promote morale, productivity, and effectiveness (Loveridge & Heineken, 1988).

The shortage of registered nurses, already at a critical level in parts of the nation, is expected not only to continue, but also to worsen. Although money and benefits influence retention, registered nurses want more than high salaries. A very important factor in job satisfaction and retention of nurses is the leadership behavior of their supervisors (Adams, 1990).

Nurses want to work where a participative management style is in place and where staff is involved in decision making at unit, departmental, and organizational levels. Job turnover is also low where

nurses have opportunities for career development and progressive autonomy in nursing practice. Autonomy is directly affected by leadership style. The leadership style that maximizes opportunities for autonomy is delegation (Adams, 1990).

Over the past 50 years, health care organizations have altered very little while expectations have changed dramatically. Employees expect to have a say in their work and look for flexibility in arranging use of their professional time. Even now, more than half of surveyed hospital Chief Executive Officers (CEOs) consider the nursing shortage the top management issue, and 82.9 percent of them are willing to grant nurses more managerial autonomy (Jenkins, 1991). Are administrators working in long-term care facilities as willing to grant their Director of Nurses this managerial autonomy? A review of the literature focusing on participative leadership styles did not reveal any past studies that have been conducted within the long-term care (nursing home) industry. In an effort to address this deficit, this research study explored whether or not there is a relationship between participative management practiced by nursing home administrators and job satisfaction of Directors of

Nurses employed by these administrators.

### Research Questions

The following research questions were explored:

1. Do long-term care facilities' Directors of Nurses perceive that their current administrator predominantly uses a participative leadership style?
2. Does the perceived leadership style of the administrator affect the job satisfaction of long-term care facilities' Directors of Nurses?
3. Is job satisfaction of long-term care facilities' Directors of Nurses influenced by the length of time they have worked with their current administrator?

### Null Hypotheses

The following null hypotheses were formulated for this study:

1. There is no difference in the job satisfaction of Directors of Nurses who perceive their administrator as predominantly using a participative leadership style compared to those Directors of Nurses who do not perceive

their administrator predominantly using a participative leadership style.

2. There is no difference in job satisfaction of Directors of Nurses when compared by the length of time they have worked with their current administrator.

### Definitions

The dependent variable in this study was job satisfaction/dissatisfaction. Job satisfaction is an emotional-affective response to a job or specific aspects of a job (Spector, 1985). Job satisfaction was measured by the Job Satisfaction Survey (Appendix A) developed by Spector (1985).

The independent variable in this study was participative management style. For the purpose of this study, participative management style is defined as "a method to inspire people and to facilitate group action . . . sharing knowledge, information and the decision-making process itself in order to get employees' cooperation and allow them to do some things the way they'd like to" (Bittel, 1964). The Directors of Nurses' perception of participative management was measured by having them answer yes or no to the

following question added to the Job Satisfaction Survey: I feel that my administrator predominantly practices with a participative leadership style?

#### Significance of Study

The intent of this study was to determine whether there is a relationship between job satisfaction of Directors of Nurses and the leadership style practiced by their administrators. The results of this study can be of great value to nursing home owners and administrators who are interested in subordinate job satisfaction, employee retention, and provision of quality care to patients residing in their long-term care facilities. Assisting administrators to better understand the needs of their Directors of Nurses could also lead to a more effective and productive working relationship and an increased tenure of the nursing administrator.

The results of this study have implications for nursing management practices because awareness of the perceived importance of participatory leadership as it influences the job satisfaction of the Directors of Nurses can influence organizational strategies for the future. Directors of Nurses are the core of the



nursing department in long-term care facilities. They hire, supervise, and motivate their staffs and interface with all other areas of the facility. Ultimately, they determine the level of care that patients receive. They are the leaders who motivate future Directors of Nurses. Because they are a key to our health care system, both today and tomorrow, we must analyze possible factors that influence their job satisfaction, motivation, and retention (Stengrevics, Kirby, & Ollis, 1991).

## CHAPTER II

### Literature Review

The most recent nationwide nursing shortage prompted efforts to examine factors contributing to staff nurse retention. One finding was that both job satisfaction and retention among staff nurses were influenced positively by nurse managers. Although nurse managers are in a key role to influence both retention of nurses and quality of patient care, very little has been done to identify factors contributing to their job retention (Stengrevics et al., 1991). This review discusses literature on (a) job satisfaction and participatory management and (b) Maslow's Motivational Theory (1970), which provides the theoretical framework for this study.

#### Job Satisfaction and Participatory Management

True participation in decision making creates an environment that recognizes the expertise of the participants and allows open interaction among people. In today's tightly constrained environment of health care, such participation is essential in order to engage qualified persons in activities that allow

involvement and commitment. The advantages of participative management far outweigh the disadvantages. Effective participation is a vehicle for realizing nursing's potential (O'Grady, 1986).

Fostering participation among nurses is a key to managerial success. It is also the key to nursing's success in contributing more fully in the broad health care arena. Nurse-power stems from decision making, taking action, and being accountable. Accountability is more likely to occur when there is involvement and commitment. Involvement and commitment are more likely to occur when there is appropriate support for full participation in meaningful activities (O'Grady, 1986).

In the years since the Depression, historical research in the behavioral sciences has demonstrated clearly that management that consistently involves participation and participative practices improves relationships, productivity, environmental circumstances, and outcomes. Since the early 1930s, human resource research and development has indicated that individual participation in decision making in the management process, when spread among those in the work place, improves both process and outcome (O'Grady, 1986).

Participatory decision making gives workers an increased sense of control and influence as well as autonomy in relation to tasks. Participatory leadership has a positive impact on reducing absenteeism and turnover. There is substantial evidence that when workers' human needs are not fulfilled and when the organizational environment and working conditions reflect this, there is direct harm to both the institution and to the workers. The tradition of employer dominance and control over employees has a long history of negative social manifestations and its impact on productivity has been much discussed for several decades (O'Grady, 1986).

Traditional management approaches to professional nurses that omit active participation in the process can expect minimal success in the future. In nursing, professional and personal satisfaction are linked inextricably. Satisfaction in work is a major contribution to the individual's sense of values regarding that work. Professionals need room for decision making; a strong lateral communication network; and the ability to make independent judgements, to consult and collaborate, and to alter decisions when necessary. They need a flexible

organizational structure to support professional practice--a structure generally not present in the environment in which nurses practice. As a result, basic dissatisfaction begins to emerge and nurses become disassociated psychologically from the processes set up by the institution (O'Grady, 1986).

The ability to move the nursing profession to higher levels of autonomy and accountability in an institutional context, so that the control of work generates out of the exercise of work, will be required of successful administrators in the future. They must be able to encourage nurses' participation in problem identification and resolution. These include problems related to interpersonal conflicts, concerns between professional practice and the rules of the institution, and constrained resources. The ability to work in a way that emphasizes relationships and the interaction of individuals is essential to the success of both administration and nurses. A close collaborative, participatory relationship between institution and nurses is essential for achieving optimum levels of productivity and satisfaction, as well as fulfillment of the objectives of the institution and its services (O'Grady, 1986).

One of the most profound human emotions is the need for a sense of purpose and meaning in work and in life. People need meaningful work; if they do not get it, they develop feelings of meaninglessness and their work may fail to serve their needs or purposes. It is this sense of purpose that is vital in the work place. As do all people, nurses seek to have their purposes fulfilled. The ability to control circumstances and variables that influence their work is central to that sense of purpose. When professionals feel that ultimate control of their work rests in the hands of someone else, this feeling of second-hand purpose further reduces their commitment to the ideals of their work (O'Grady, 1986).

Nurses also look for personal rewards as individuals: the feedback that supports and encourages their work and the strength that comes from establishing close relationships with coworkers. The ability to relate directly, openly, and honestly with administration and to influence, make decisions, make recommendations, and be heard all constitute a basis for the establishment of personal rewards (O'Grady, 1986).

Workers are motivated when they have the

opportunity to exercise initiative and creativity, to make decisions that have an impact on the job, to handle problems in relation to the work and to take responsibility for resolving them, and to improve ways of performing tasks. When nurses are recognized and challenged in their work, growth and development can result, producing high levels of motivation and satisfaction (O'Grady, 1986).

Efforts to improve the quality of work life have been directed toward addressing worker satisfaction and participation. For the last several decades, evaluation of that satisfaction in relation to corporate culture, corporate goals, and organizational strategy has been the basis of numerous studies. These have shown that sound relationships are essential for any basic measure of a group's success (O'Grady, 1986).

West (1987) and Jones (1988) have identified the importance of, and conflict associated with, the nurse executive role in today's competitive health care system. The new environment requires health care organizations to function in a businesslike manner in the approach to operations. Although top management is responsible for development of strategies to this end, nursing executives will be responsible for translating

these resultant constraints into operational solutions. Nurse executives must be involved actively in decision making. These decisions must be consistent with organizational goals and philosophy and consistent with professional nursing goals and philosophy.

Personett and Nyberg (1989) identified the need for commensurate authority and management support of the nurse executive. They suggest frequent turnover of the nurse executive position is occurring due to lack of authority, job security, and managerial support. They also assert that distortion and loss of the organizational philosophy, mission, and goals occur as a result of high turnover in this position.

Personett and Nyberg (1989) identify the "battered nurse executive" in their evaluation of areas of job dissatisfaction for nurse executives. They have identified the conflicting perceptions of the nurse executive among various groups in the organization as a major source of frustration. The nursing staff perceives the nurse executive as having great power to regulate salaries, work loads, and job security. Administration perceives the nurse executive as a liaison among groups, the obedient member of the organization, and as the individual who will reduce



expenditures in patient care and ensure continued quality of service to patients. Like the battered woman, the nurse executive is in a position with great responsibility, little authority, no economic security, and little or no positive recognition.

Kiely (1989) identifies role ambiguity and role conflict as negatively related to job satisfaction. Job-related tension, which results from role conflict and ambiguity, increases the likelihood of nurses at all levels leaving the organization. Role conflict is identified as a particular problem for the nurse executive trapped in the managerial control/professional autonomy paradox.

Having authority over practice within the nurse's range of competence has been identified as the one factor essential to nurse satisfaction (Jenkins, 1991). The National Commission of Nursing recommended that

(a) Nurses should be involved in policy development and decision making throughout the organization, and (b) Nursing should be recognized as a clinical practice discipline that needs to have authority over its management process."

Later, the Secretary's Commission on Nursing reaffirmed this stance, and recommended further

that "employers of nurses should ensure active nurse participation in the governance, administration, and management of their organizations (Secretary's Commission on Nursing, 1988, p. 33).

McManus (1989) surveyed 23 nurse administrators using the Minnesota Satisfaction Questionnaire (Bolton, 1987). These nurses had positive job-satisfaction scores on 11 of 20 scales. The job-satisfying factors for nurse administrators in descending order included moral values, achievement, responsibility, social service, ability utilization, creativity, activity, independence, authority, variety, and working conditions. McManus (1989) concluded that job turnover and shortage of nurses are critical issues that administration is in a position to minimize. The nurse executive with a positive sense of job satisfaction will maintain high standards for nurses and promote quality of work life for nursing employees. Administration must recognize that the health of the organization is linked to the degree of satisfaction experienced by personnel (McManus, 1989).

Taunton, Krampitz, and Woods (1989) assessed the impact of the nurse manager on retention of staff

nurses. The setting for the study was a 504-bed university medical center hospital in a midwestern metropolitan area. The sample of 59 nurses was selected by random cluster sampling by specialized area. Existing valid tools were used to assess characteristics of managers, organization, tasks, and employees. Power and influence were measured with a chi-square goodness-of-fit test confirming internal consistency. Cronbach's alpha and split-half estimates of reliability of the data from the study ranged from 0.70 to 0.93. Motivation to manage, leadership style, and use of power were key variables in determining staff nurse job satisfaction and retention. Correlations of employees' perceptions of their manager's characteristics with job satisfaction supported the proposition that nurse managers are an important factor in retention of professional staff.

Recognizing the critical importance of nurse managers, the Massachusetts Organization of Nurse Executives (MONE) and the Massachusetts Council of Nurse Managers (MCNM) established a joint task force on nurse manager support to identify factors contributing to nurse manager job satisfaction. A survey was administered in 1989 to 486 nurse managers. The three

major needs identified by nurse managers were communication, influence, and recognition. Their recommendation was that health care organizations should develop programs that increase interdepartmental communication and ensure nurse managers' input into decisions affecting their areas of responsibility (Stengrevic et al., 1991)

A related study was done at Holy Cross Hospital in Salt Lake City, Utah, in an effort to determine factors that influence retention of nurses as perceived by decision makers (physicians, board members, nursing management, and hospital management) and hospital staff nurses. These participants completed a survey in which they ranked seven environmental factors as to their importance in RN retention. The results of the study indicated that nurses want to be appreciated, respected, recognized for their expertise, consulted regarding areas of their responsibility, and allowed to participate in decision making (Butler & Parsons, 1989).

Kanter (1977) conducted a study involving two western acute-care community hospitals with a sample of 247 nurses completing a survey that measured working conditions related to positional power. Kanter

concluded that understanding nurses' perceptions of the positional power of their practice environment is vital to creating a structure that supports effective work behaviors and improves organizational productivity. Kanter's theory predicted that nurses with the opportunity for empowerment respond with an increase in commitment, motivation, risk taking, and career aspirations (Chandler, 1991).

Goodroe and Beres (1991) wrote that to handle diverse, rapidly changing problems effectively, health care providers need leadership that is integrative and empowering. Health care professionals need this kind of leadership because they are self-directed and confident of their knowledge and skill. Because of their self-confidence and expertise, health care workers respond negatively to unilateral orders from commander-type leaders. They concluded by saying that there are many ways to describe job satisfaction, but there is also one simple indicator -- satisfied people who enjoy their work. Thus, nurse managers who are unable to demonstrate a consistent, positive approach to work will be ineffective in a leadership role (Goodroe & Beres, 1991).

The Magnet Hospital Study has already demonstrated

the successes that hospitals can reap through empowering their employees, from CEOs and nurse executives to staff clinicians. Knowing the mechanics of allocating resources is not enough for managing such essential services as health care. Managers of professional personnel must cultivate dynamic leadership behavior and negotiating strength. These will enable them to influence their staff to achieve organizational goals and to cope effectively with technological and environmental changes outside their direct control. Governing authority increases by delegating, sharing, and ultimately building greater power among an expanding circle of ingenious, skilled, and purposeful people (Jenkins, 1991). This win-win venture in governance, for the purpose of this study, is referred to as a participative leadership style.

#### Theoretical Framework

Abraham Maslow's theory of motivation has been applied to nursing care for some time, and was chosen as the theoretical framework for this study. Maslow identified a hierarchy of human needs that he proposed as being the basis of motivation for mankind. These needs are arranged in order of priorities on a pyramid,

which serves as the classic model for the theory. There are five categories of needs in the hierarchy. Physiological needs have first priority and include such elements as sex, food, water, air, shelter, and survival. Second-priority needs are safety: security; protection; and freedom from fear, chaos, and anxiety. The third priority is social needs, which consist of self-esteem, self-confidence, dignity, and recognition as an individual. Fourth-priority needs are esteem: recognition and respect by others, prestige, achievement, status, and attention. Finally, at the top of the pyramid is self-actualization, which is becoming what one can be, the development and utilization of self to one's potential (Maslow, 1970).

Generally these needs are interrelated according to a flexible process of emerging. As one need becomes satisfied, human beings become motivated by the next higher need. Humans tend to react, often negatively, when frustrated in meeting a need or when they are unable to satisfy a need. If needs are not met, deficiencies develop that prevent an individual from functioning at his or her fullest potential (Maslow, 1970).

O'Grady (1986) wrote that we are people first,

workers second. So it is not unreasonable to believe that basic human needs must always be addressed as a part of meeting employee needs in any work environment. Work usually is accomplished through the utilization of human resources, and much of its impact, whether successful or unsuccessful, involves the ability to manage the human resource effectively (O'Grady, 1986)).

Employees' personal needs and values are significant. They do not leave them at home when they go to work, they remain with them on the job. In meeting professional goals, employees must be able to achieve personal goals. Administration, utilizing good assessment skills, can begin to identify issues that will help employees meet those goals. Through identifying, maintaining, and understanding these needs, administration can use their resources more effectively and broadly and allow employees to grow in the work place (O'Grady, 1986).

Maslow's theory takes the perspective that behavior presented by employees is the result of perceived needs. As an individual moves up the hierarchy towards self-actualization, he or she perceives an increased need for independence and autonomy. Therefore, he or she perceives a



participatory environment as being necessary in the work place.

According to Maslow's theory, the ultimate goal of an individual is reaching self-actualization. One of the characteristics of self-actualizing people is their relative independence of the physical and social environment. Self-actualizing people are not dependent for their main satisfaction on other people. Rather they are dependent for their own development and continued growth on their own potentialities and latent resources (Maslow, 1970).

From Maslow's perspective one can speculate that employees striving to reach self-actualization work best in an organization whose administration is one that facilitates, coordinates, integrates, and supports decisions versus one that controls, directs, supervises, and decides outcomes.

It is the responsibility of management within an organization to recognize and diagnose employee needs and to practice with a leadership style that facilitates meeting those needs. In terms of Maslow's theory, participation within an organization appears to give employees a feeling of security, to satisfy their needs for esteem and desire for status, and to give

them a sense of independence at work (Knoop, 1991).

One tenet of today's organizations is that the real central force lies in the interpersonal relationships within the work or task group. The implication of this belief is that an organization needs to be developed around the people who make things happen rather than attempting to force people into a preconceived organizational mold. Most modern management or leadership theories, research, and practice support the idea that recognition of human feelings, attitudes, and needs is an important aspect of leadership. Facilitating cooperative behavior among group members and providing opportunities for the followers' personal and professional growth and development tends to result in a more effective organization (Argyris, 1964). Participatory management provides the opportunity for employees to grow both personally and professionally in order to progress upward on Maslow's hierarchy.

Ganong and Ganong (1980) advise that administration of organizations develop "employee care plans," which involves identifying employee needs, problems, goals, and strengths and identifying action plans. They suggest that management assess the staffs'

perceptions regarding what is currently serving as an incentive and contributing to their job satisfaction or motivation. This information should serve as the basis of the "employee care plans." Favoring Maslow's theory they state,

Motivation is a very personal matter. It stems from the needs of the individual. This is as true at work as it is in other areas of life. In a real sense, then, you cannot motivate others; they motivate themselves. . . . They act on the basis of what they feel as a desire, want, yearning, wish, or lack (Ganong & Ganong, 1980, p. 267).

Concern with the satisfaction and quality of life of workers has been expressed over the last century by various social planners and reformers, and has been a formal objective of policy makers and social scientists during the past 50 years or so. Management strategies for improving the job satisfaction and quality of life of workers have also been developed. They include paying people more; giving them work that more completely utilizes their aptitudes and skills; providing helpful and considerate supervision; composing harmonious work groups; affording opportunities for upward and lateral mobility; giving

workers a voice in decisions that affect them; and improving working conditions so as to increase comfort, health, and safety (Katzell & Yankelovich, 1975).

These same participatory management strategies are ones that can assist administration in motivating employees to meet their physiological, safety, social, esteem, and self-actualization needs.

## CHAPTER III

### Methodology

#### Sampling Method

Subjects in this study were registered nurses employed as Directors of Nurses in long-term nursing facilities in a midwestern state. The names of all the long-term nursing facilities were obtained from the state Department of Inspections and Appeals Division of Health Facilities. One hundred percent of these facilities were used for the overall sample.

The Directors of Nurses of these 427 facilities were mailed a Job Satisfaction Survey (Appendix A) and asked to return it in a self-addressed, stamped envelope that was provided to them. A cover letter (Appendix B) requesting their participation was attached to the survey. A follow-up reminder letter (Appendix C) was mailed to all subjects three weeks following the initial mailing requesting their participation. Return of the survey constituted the subject's consent to participate.

#### Ethical Considerations

Permission to conduct this study was obtained from

the Human Subjects Research Review Committee at Drake University. The subjects (Directors of Nurses) were informed that the completion of the Job Satisfaction Survey was voluntary. Return of the survey constituted informed consent. All surveys were kept anonymous by not using names, codes, or identification numbers. Data were reported in the aggregate. This ensured that there was no risk to the subjects who participated.

#### Data Collection Tools

The Job Satisfaction Survey is a nine-subscale measure of employee job satisfaction applicable specifically to human service organizations, which was developed by Paul E. Spector (1985). Written permission to use the Job Satisfaction Survey (JSS) was obtained from Mr. Spector (Appendix D). The development of the Job Satisfaction Survey was predicated on the theoretical construct that job satisfaction represents an affective or attitudinal reaction to a job. In past research, job satisfaction was assumed to represent a cluster of evaluative feelings about the job, and the Job Satisfaction Survey was designed to measure them individually. It was also designed to give an overall attitude score as a

combination of individual facets. Although it is not universally accepted that the overall attitude about a job is a combination of specific aspect attitudes, there is considerable empirical evidence that a linear combination of satisfaction aspects is an adequate overall satisfaction measure (Aldag & Brief, 1978).

Data on the reliability and validity of the job-satisfaction tool have been collected from previous research studies using the Job Satisfaction Survey. One large-scale study involved 3,148 respondents, who constituted 19 separate samples, representing multiple organizations. This study revealed the following:

1. A test-retest reliability estimate was computed, and correlation coefficients of the Job Satisfaction Survey subscales ranged from .37 to .74. The correlation coefficient was .71 for the entire scale.
2. Internal consistency reliability (coefficient alpha) was computed for each subscale and the total scale and each was above .50 with the total scale being .91.
3. Discriminant validity was demonstrated by small to moderate correlations among the subscales. These correlations ranged from

.11 to .59 with a median correlation of .35 (Spector, 1985).

The Job Satisfaction Survey consists of 36 questions and uses a summated rating-scale format, with six agree-disagree response choices: disagree very much, disagree moderately, disagree slightly, agree slightly, agree moderately, and agree very much. These response choices were scored from 1 to 6, respectively. Approximately half of the questions were written in a positively worded direction and about half in a negatively worded direction resulting in some reverse scoring. Each item was an evaluative statement, agreement with which indicated either a satisfied or dissatisfied attitude about the subject's job. A mean score of 1.0-3.49 indicated job dissatisfaction and a mean score of 3.5-6.0 indicated job satisfaction.

An additional question was added to the survey for this research study: I feel that my administrator predominantly practices with a participative leadership style? Subjects answered this question with either a yes or no. Response to this question categorized the subjects into one of two groups: participatory or nonparticipatory.

Questions 38-43 consisted of the following



demographic questions formulated for this study: (a) Size of facility (number of beds)? (b) Years of experience as a Director of Nursing? (c) Number of years of working with their current administrator? (d) Age? (e) Gender? (f) Education? Subjects answered these questions by filling in the blank with the requested information.

Hypothesis #1 involved comparing the participatory and nonparticipatory groups with job satisfaction mean scores. This was done by way of an independent  $t$  test. Hypothesis #2 was also tested by using an independent  $t$  test to compare job satisfaction mean scores with the answers to question #40: Number of years that you have worked with your current administrator?

Responses to questions 1-36 were summarized as mean scores and questions 37-43 as percentages. Results were displayed in tabular form.

## CHAPTER IV

### Analysis

In this section, characteristics of the survey sample are described. Job Satisfaction Survey scores and demographic data are presented. This chapter concludes with results of the statistical analysis performed for each of the hypotheses.

#### Description of the Survey Sample

One hundred percent of the long-term care facilities' Directors of Nurses in a midwestern state was the population used in this study. This consisted of a total of 427 subjects. Participants who chose to participate in the surveys included 282 for a total response rate of 66%. A total of eight surveys were excluded from the data base because participants did not answer questions 37 or 40, which were necessary for analysis of the research hypotheses. This resulted in a total of 274 usable surveys.

#### Job Satisfaction Survey Results

Mean scores were calculated for each question on the Job Satisfaction Survey. A mean score of 1.0-3.49

indicated dissatisfaction, and a mean score of 3.50-6.0 indicated satisfaction.

Table 1 presents satisfaction mean scores by categorizing respondents into the following three groups: all respondents, participatory respondents, and nonparticipatory respondents. Participatory respondents' mean scores ranged from 3.5 to 6.0 for questions relating to pay, promotion, contingent rewards, supervision, coworkers, nature of work, and communication. Their mean scores ranged from 1.0 to 3.49 for questions relating to benefits and operating procedures.

Nonparticipatory respondents' mean scores ranged from 3.5 to 6.0 for questions relating to supervision, coworkers, nature of work, and communication. Their mean scores ranged from 1.0 to 3.49 for questions relating to pay, promotion, contingent rewards, benefits, and operating procedures.

Similarities in job satisfaction for both participatory and nonparticipatory respondents were found in areas relating to supervision, coworkers, nature of work, and communication. Dissatisfaction for both groups was found in the areas of benefits and operating procedures.

Table 1

Job Satisfaction Survey Mean Scores

Question	All Respondents Mean	Participatory Respondents Mean	Nonparticipatory Respondents Mean
1	3.94	4.20	3.45
2	2.75	2.89	2.51
3	4.70	5.23	3.72
4	3.04	3.16	2.83
5	3.89	4.43	2.90
6	2.99	3.07	2.83
7	5.38	5.42	5.29
8	4.48	4.63	4.21
9	3.78	4.14	3.11
10	3.05	3.33	2.52
11	3.41	3.67	2.92
12	5.00	5.40	4.24
13	3.45	3.68	3.03
14	3.62	4.02	2.88
15	3.16	3.29	2.93
16	3.66	3.79	3.42
17	5.13	5.17	5.05
18	4.68	5.02	4.04
19	3.86	4.12	3.37
20	3.74	3.93	3.38
21	4.07	4.75	2.82
22	3.21	3.33	2.98
23	3.48	3.89	2.69
24	2.52	2.62	2.34
25	5.32	5.33	5.30
26	4.05	4.42	3.36
27	5.38	5.49	5.17
28	3.83	4.24	3.07
29	2.44	2.66	2.05
30	5.06	5.51	4.22
31	1.69	1.69	1.69
32	3.30	3.73	2.52
33	3.66	3.90	3.23
34	2.97	3.16	2.63
35	4.89	5.00	4.68
36	4.09	4.35	3.60

Table 2 describes the percentage of all respondents that were found to be satisfied and dissatisfied for each question on the Job Satisfaction Survey. Satisfaction was found in areas of pay, promotion, supervision, coworkers, nature of work, and communication. Dissatisfaction was in the areas of benefits, contingent rewards, and operating procedures.

Table 2

Percentage of Satisfaction and Dissatisfaction on Job Satisfaction Survey Questions

Question	Satisfied Respondents Percentage	Dissatisfied Respondents Percentage
1	65.4	34.6
2	29.6	70.4
3	82.1	17.9
4	36.5	63.5
5	64.2	35.8
6	32.7	67.3
7	97.4	2.6
8	68.5	31.5
9	61.7	38.3
10	37.7	62.3
11	54.9	45.1
12	84.2	15.8
13	50.9	49.1
14	49.8	50.2
15	40.3	59.7
16	50.0	50.0
17	95.3	4.7
18	76.9	23.1
19	56.0	44.0
20	61.5	38.5
21	65.0	35.0
22	46.5	53.5
23	46.2	53.8

Table 2 (Cont.)

Percentage of Satisfaction and Dissatisfaction on Job Satisfaction Survey Questions

Question	Satisfied Respondents Percentage	Dissatisfied Respondents Percentage
24	17.2	82.8
25	97.8	2.2
26	60.9	39.1
27	97.8	2.2
28	58.4	41.6
29	19.8	80.2
30	90.5	9.5
31	4.8	95.2
32	38.3	61.2
33	57.7	42.3
34	30.8	69.2
35	92.0	8.0
36	60.8	39.2

Table 3 illustrates the overall satisfaction score for all respondents. As can be seen from this table, the majority of respondents fell into the satisfied group.

Table 3

Overall Job Satisfaction and Dissatisfaction

Measure	Satisfied Respondents	Dissatisfied Respondents
Number	179	95
Percentage	65	35

Question #37 was added to the Job Satisfaction Survey and asked the subject to respond yes or no to the following question: I feel that my administrator predominantly practices with a participative leadership style? The response of yes or no categorized respondents as "participatory" or "nonparticipatory." As can be seen from Table 4, the majority of respondents fell into the participatory group.

Table 4

Participatory and Nonparticipatory Respondents

Measure	Participatory Respondents	Nonparticipatory Respondents
Number	178	96
Percentage	65	35

Table 5 shows the number and percentage of participatory and nonparticipatory respondents that were overall satisfied and dissatisfied. From this table, one can see that a larger percentage of participatory respondents were found to be satisfied than were nonparticipatory respondents.

Table 5

Comparison of Participatory and Nonparticipatory  
Groups on Job Satisfaction

Group	Satisfied		Dissatisfied	
	Number	Percent	Number	Percent
Participatory	138	77.5	40	22.5
Nonparticipatory	41	42.7	55	57.3

Demographic Data

Table 6 shows the number and percentage of participatory and nonparticipatory respondents in relation to the size of their facility (number of beds). The greatest number of participants represented the smallest facilities (0-74 beds). As can be seen from this table, the largest facilities (150 or more beds) had the highest percentage of Directors of Nurses who perceived their administrators as practicing with a participatory leadership style.



Table 6

Participatory and Nonparticipatory in Relation to the  
Size of Facility

Size	Participatory		Nonparticipatory	
	Number	Percent	Number	Percent
0-74 Beds	99	65.1	53	34.9
75-149 Beds	63	61.2	40	38.8
150 or More Beds	14	82.4	3	17.6

Table 7 shows the number and percentage of satisfied and dissatisfied respondents in relation to the size of their facility. From this table one can see that the largest facilities (150 or more beds) had the highest percentage of satisfied Directors of Nurses.

Table 7

Satisfaction and Dissatisfaction in Relation to the  
Size of the Facility

Size	Satisfied		Dissatisfied	
	Number	Percent	Number	Percent
0-74 Beds	88	57.9	64	42.1
75-149 Beds	74	71.8	29	28.2
150 or More Beds	15	88.2	2	11.8

Table 8 depicts the number and percentage of participatory and nonparticipatory respondents in relation to the number of years of experience they had as a Director of Nursing. The greatest number of participants had six or more years of experience. As can be seen from this table, the percentage of respondents that perceived their administrators as practicing with a participatory leadership style was consistently distributed among the three groups.

Table 8

Participatory and Nonparticipatory in Relation to Years of Experience

Years Experience	Participatory Number	Participatory Percent	Nonparticipatory Number	Nonparticipatory Percent
0-2 Years	50	64.9	27	35.1
3-5 Years	54	67.5	26	32.5
6 or More Years	74	63.2	43	36.8

Table 9 illustrates the number and percentage of satisfied and dissatisfied respondents in relation to the number of years of experience they had as a Director of Nursing. From this table, one can see that

the respondents with three to five years' experience had the highest percentage of satisfied respondents.

Table 9

Satisfaction and Dissatisfaction in Relation to Years of Experience

Years Experience	Satisfied		Dissatisfied	
	Number	Percent	Number	Percent
0-2 Years	48	62.3	29	37.7
3-5 Years	59	73.8	21	26.3
6 or More Years	72	61.5	45	38.5

Table 10 shows the number and percentage of participatory and nonparticipatory respondents in relation to the number of years they had worked with their current administrator. The greatest number of participants had worked with their current administrator for three or more years. As one can see from this table, the percentage of respondents that perceived their administrators as practicing with a participatory leadership style was similarly distributed among the two groups.

Table 10

Participatory and Nonparticipatory in Relation to  
Years of Working with Current Administrator

Years	Participatory		Nonparticipatory	
	Number	Percent	Number	Percent
0-2 Years	82	65.6	43	34.4
3 or more years	96	64.4	53	35.6

Table 11 shows the number and percentage of satisfied and dissatisfied respondents in relation to the number of years they had worked with their current administrator. From this table, one can see that the respondents who had worked with their current administrator for three or more years had a higher percentage of satisfaction than those who had worked with their administrator fewer than three years.

Table 11

Satisfaction and Dissatisfaction in Relation to Years  
of Working with Current Administrator

Years	Satisfaction		Dissatisfaction	
	Number	Percent	Number	Percent
0-2 Years	70	56.0	55	44.0
3 or More Years	109	73.2	40	26.8

Table 12 illustrates the number and percentage of participatory and nonparticipatory respondents in relation to their age. The largest number of participants was between the ages of 36-49. As one can see from this table, the percentage of respondents that perceived their administrators as practicing with a participatory leadership style was similarly distributed among the three age groups.

Table 12

Participatory and Nonparticipatory in Relation to Age

Age	Participatory		Nonparticipatory	
	Number	Percent	Number	Percent
20-35 Years	45	68.2	21	31.8
36-49 Years	87	63.0	51	37.0
50 Years or More	45	67.2	22	32.8

Table 13 illustrates the number and percentage of satisfied and dissatisfied respondents in relation to their age. From this table, one can see that the percentage of subjects who were satisfied was similarly distributed among the three age groups.

Table 13

Satisfaction and Dissatisfaction Related to Age

Age	Satisfied		Dissatisfied	
	Number	Percent	Number	Percent
20-35 Years	40	60.6	26	39.4
36-49 Years	92	66.7	46	33.3
50 Years or More	45	67.2	22	32.8

Table 14 shows the number and percentage of participatory and nonparticipatory respondents in relation to their gender. The largest number of participants was female. As one can see from this table, the male group had the highest percentage of Directors of Nurses who perceived their administrators as practicing with a participatory leadership style.

Table 14

Participatory and Nonparticipatory in Relation to Gender

Gender	Participatory		Nonparticipatory	
	Number	Percent	Number	Percent
Female	173	64.6	95	35.4
Male	4	80.0	1	20.0

Table 15 shows the number and percentage of satisfied and dissatisfied respondents in relation to their gender. Male respondents were found to have a higher percentage of satisfaction than the females.

The small number of male respondents could have skewed these results.

Table 15

Satisfaction and Dissatisfaction Related to Gender

Gender	Satisfied		Dissatisfied	
	Number	Percent	Number	Percent
Female	174	64.9	94	35.1
Male	4	80.0	1	20.0

Table 16 illustrates the number and percentage of participatory and nonparticipatory respondents in relation to their level of education. The majority of respondents held a Diploma or ADN degree. As one can see from this table, the respondents' perception of their administrator practicing with a participatory leadership style was similarly distributed among all levels of education.



Table 16

Participatory and Nonparticipatory in Relation to Education

Education	Participatory		Nonparticipatory	
	Number	Percent	Number	Percent
Diploma	75	67.7	36	32.4
ADN	74	63.8	42	36.2
Bachelor's	25	64.1	14	35.9
Master's	4	57.1	3	42.9
Doctorate	0	0.0	1	100.0

Table 17 illustrates the number and percentage of satisfied and dissatisfied respondents in relation to their level of education. From this table, one can see that the highest percentage of job satisfaction was respondents with doctorate - bachelor - and diploma - level of education.

Table 17

Satisfaction and Dissatisfaction Related to Education

Education	Satisfied		Dissatisfied	
	Number	Percent	Number	Percent
Diploma	80	72.1	31	27.9
ADN	67	57.8	49	42.2
Bachelor's	28	71.8	11	28.2
Master's	3	42.9	4	57.1
Doctorate	1	100.0	0	0.0

Results of Statistical AnalysisHypothesis #1

Hypothesis 1 stated, "There is no difference in the job satisfaction of Directors of Nurses who perceive their administrator as predominantly using a participative leadership style compared to those Directors of Nurses who perceive their administrator as not predominantly using a participative leadership style." Results of the independent  $t$  test used to analyze this hypothesis are displayed in Table 18. As

one can see from this table, a significant difference in satisfaction was found between the participatory and nonparticipatory group, therefore the null hypothesis was rejected.

Table 18

Independent T-Test Data for Hypothesis #1

Group	n	Satisfaction Mean	t Value	Probability
Participatory	178	4.08	9.04	.00 **
Nonparticipatory	96	3.36		

\* $p < .05$

\*\* $p < .01$

Hypothesis #2

Hypothesis 2 stated "There is no difference in job satisfaction of Directors of Nurses when compared by the length of time they have worked with their current administrator." Results of the independent  $t$  test and data to test this hypothesis are displayed in Table 19. As one can see from this table, a significant difference in job satisfaction did exist in relationship to the length of time respondents had

worked for their current administrator. Therefore, this null hypothesis was rejected.

Table 19

Independent T-Test Data for Hypothesis #2

Years With Administrator	n	Satisfaction Mean	t Value	Probability
0-2 Years	125	3.70	-2.66	.004 **
3 Years or More	149	3.94		

\*p<.05

\*\*p<.01

## CHAPTER V

### Conclusions and Recommendations

The purpose of this study was to examine the relationship between job satisfaction of long-term care facilities' Directors of Nurses and the leadership style practiced by their administrators. Also investigated was the influence of length of time they had worked with their current administrator on job satisfaction. In addition, this study collected the following demographic data: size of facility, years of experience as a Director of Nursing, age, gender, and education. There were no previous studies in the literature measuring differences in job satisfaction of long-term care facilities' Directors of Nurses based on the leadership style or length of time working with their administrator. Leadership styles have been included in other research that used hospitals as their sample. In this chapter, the findings of the study, limitations of the study, recommendations for future research, and the implications for nursing practice are discussed.

### Discussion of Findings

When examining differences in job satisfaction based on whether Directors of Nurses perceived their administrator as predominantly practicing with a participatory leadership style, there were statistically significant differences found. Based on this finding, one can conclude that the Directors of Nurses who perceived their administrator as practicing with a participatory leadership style experienced more job satisfaction than those Directors of Nurses who did not perceive their administrator as predominantly practicing with a participatory leadership style.

This finding is consistent with previous research studies and literature that found participatory leadership as having a positive impact on job satisfaction. Personett and Nyberg (1989) identified the need for commensurate authority and management support of the nurse executive. Jenkins (1991) identified having authority over practice as the one factor essential to nurse satisfaction. McManus (1989) found that responsibility, independence, and authority were key job-satisfying factors for nurse administrators. Taunton, Krampitz, and Woods (1989) identified leadership style and use of power as key

variables in determining nurse job satisfaction and retention. Kanter (1977) predicted that nurses with the opportunity for empowerment respond with an increase in commitment, motivation, risk taking, and career aspirations. Goodroe and Beres (1991) wrote that to handle diverse, rapidly changing problems effectively, health care providers need leadership that is integrative and empowering.

The findings of this study are also congruent with Maslow's Motivational Theory (1970), which takes the perspective that employees have perceived needs that they strive to satisfy. Employees' job satisfaction increases as they progress upward on Maslow's hierarchy towards self-actualization. When employees reach self-actualization, they will generally be satisfied in their job. Therefore, as employees move up the hierarchy towards self-actualization, they perceive an increased need for independence and autonomy. This necessitates a participatory environment in the work place

When examining differences in job satisfaction based on the length of time Directors of Nurses had worked with their current administrator, there were again statistically significant differences found.

This indicated that job satisfaction increased with the length of time that Directors of Nurses worked with their administrator.

A factor that may contribute to this finding is that the longer employees work together, the more accustomed and accepting they become of each other's work habits. A second contributing factor could be that administrators become more trusting and confident of their Directors of Nursing the longer they work with them. As their trust and confidence increases, they may be more likely to allow their Director of Nursing to practice with the independence and autonomy that they desire. However, this study did not support the concept that an increased length of time a Director of Nursing works with the current administrator increases the perception of a participatory leadership style being practiced.

From Maslow's perspective one could speculate that it takes time for employees to satisfy their needs and progress through the five steps of the hierarchy. An employee who has worked with the administrator for three or more years has had a longer time to accomplish satisfying needs and reaching self-actualization than an employee who has worked with the administrator fewer



than three years.

The highest percentage of respondents, who were both satisfied and perceived their administrators as practicing with a participatory leadership style, was employed in the largest facilities (150 or more beds). A contributing factor to this might be that administrators from larger facilities are forced to decentralize decision making because they have a greater work load and a larger number of personnel to supervise. As a manager's work load increases, it becomes necessary to give a greater amount of authority to subordinates.

#### Limitations of the Study

Two limitations may have influenced the results of this study. The first limitation was that the subjects were all employed in one midwestern state and were not representative of other regions throughout the United States.

A second limitation may have been that the tool categorized respondents into a participatory or nonparticipatory group based on a "perception" of their administrators' leadership style. A method to statistically measure participatory leadership style

may have been a better choice for drawing conclusions versus using "perceptions."

#### Recommendations for Future Research

Replication of this study should be conducted using a more diverse sample. It would be interesting to note whether similar findings would be derived from a sample representing a larger geographical area of the United States versus using only one midwestern state.

A suggestion to future researchers replicating this study is to administer a leadership-style questionnaire, in addition to the Job Satisfaction Survey, that measures leadership style. This would replace the technique of using perceptions in determining whether an administrator practices with a participatory leadership style.

Replication of this study could be done using a variety of leadership styles as the independent variable. It would be interesting to assess the relationship that different leadership styles has on job satisfaction.

Future studies looking at the demographic data in more detail would be appropriate. Future researchers could develop hypotheses from the demographic questions

and test them for useful findings. In addition, questions related to the administrators gender and level of education could be added to the survey.

The scoring of the Job Satisfaction Survey can be done using two separate techniques. The technique chosen for this study was to obtain overall satisfaction mean scores. The other technique that future researchers may want to use is to categorize questions into the following nine subscales: pay, promotion, supervision, benefits, contingent rewards, operating procedures, coworkers, nature of work, and communication. The results of each subscale could be statistically analyzed for answering research questions pertaining to aspects of job satisfaction. Multiple studies could then be designed from each subscale.

#### Implications for Advanced Nursing Practice and Education.

This study was an initial effort to develop a body of knowledge on the influence that the leadership style of administrators has on job satisfaction of long-term care facilities' Directors of Nurses. The findings of this study provide information for Directors of Nurses who are interested in subordinate job satisfaction,

employee retention, and provision of quality care to patients residing in their long-term care facility. Directors of Nurses have a responsibility to research participatory management strategies and to educate nursing home owners and administrators in methods of fostering participation in the work environment. This effort could result in an increased percentage of long-term care facilities' administrators practicing with a participatory leadership style in the future.

Literature supports that employees experiencing job satisfaction have a higher level of motivation, greater productivity, and a stronger organizational commitment than employees experiencing job dissatisfaction. Administrators practicing with a participatory leadership style will enhance these qualifications in their Directors of Nurses by assisting them in achieving overall job satisfaction.

Long-term care facilities whose management approaches support participation can expect success in the future. Their success will be the result of having long-tenured nurse executives who are satisfied, motivated, productive, and committed to the organization's philosophy, mission, and goals. These facilities will be the leaders in the long-term care

industry by providing quality and cost-effective care.

The key to success of a long-term care facility can be attributed to the persistent efforts of the administrator in fostering an environment that encourages participatory management and shared responsibility. Using participative management theory, staff members are given the opportunity to assume responsibilities that are necessary to quality patient care. Decentralization places the decision making responsibility on the persons directly involved in the residents' care, and thus improves the overall quality of care provision. Additionally, the delegated responsibility heightens nurses' self-esteem and confidence, which is reflected noticeably in direct care provision. The end result is one of staff satisfaction and quality care being provided to patients residing in long-term care facilities.

The results of this study also have implications for nursing education. Staff-development and continuing-education providers can assist Directors of Nurses to understand that greater participation is positively correlated with higher job satisfaction. Understanding this relationship could increase their desire to be participatory leaders, which would

increase job satisfaction of subordinates that they supervise. Curricula that emphasize interpersonal skills to facilitate group decision making, diplomatic use of compromise and negotiation, assertiveness principles, and team approaches to problem solving, could assist Directors of Nurses with methods to motivate their administrators to practice participatory management within their long-term care facility.

In conclusion, this study statistically showed a positive relationship between participatory management and job satisfaction. True participation in decision making requires an environment that recognizes the expertise of the participants and allows open interaction among people. In today's tightly constrained environment of long-term care, such participation is essential in order to engage qualified persons in activities that allow involvement and commitment as well as fulfillment of the objectives of the institution.

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**APPENDIX A**  
**Job Satisfaction Survey**  
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<b>1=Disagree Very Much</b> <b>2=Disagree Moderately</b> <b>3=Disagree Slightly</b>		<b>4=Agree Slightly</b> <b>5=Agree Moderately</b> <b>6=Agree Very Much</b>	
1.	I feel I am being paid a fair amount for the work I do.	1	2 3 4 5 6
2.	There is really too little chance for promotion on my job.	1	2 3 4 5 6
3.	My supervisor is quite competent in doing his/her job.	1	2 3 4 5 6
4.	I am not satisfied with the benefits I receive.	1	2 3 4 5 6
5.	When I do a good job, I receive the recognition for it that I should receive.	1	2 3 4 5 6
6.	Many of our rules and procedures make doing a good job difficult.	1	2 3 4 5 6
7.	I like the people I work with.	1	2 3 4 5 6
8.	I sometimes feel my job is meaningless.	1	2 3 4 5 6
9.	Communications seem good within this organization.	1	2 3 4 5 6
10.	Raises are too few and far between.	1	2 3 4 5 6
11.	Those who do well on the job stand a fair chance of being promoted.	1	2 3 4 5 6
12.	My supervisor is unfair to me.	1	2 3 4 5 6
13.	The benefits we receive are as good as most other organizations offer.	1	2 3 4 5 6

<b>1=Disagree Very Much</b> <b>2=Disagree Moderately</b> <b>3=Disagree Slightly</b>		<b>4=Agree Slightly</b> <b>5=Agree Moderately</b> <b>6=Agree Very Much</b>	
14.	I do not feel that the work I do is appreciated.	1	2 3 4 5 6
15.	My efforts to do a good job are seldom blocked by red tape.	1	2 3 4 5 6
16.	I find I have to work harder at my job than I should because of the incompetence of people I work with.	1	2 3 4 5 6
17.	I like doing the things I do at work.	1	2 3 4 5 6
18.	The goals of this organization are not clear to me.	1	2 3 4 5 6
19.	I feel unappreciated by the organization when I think about what they pay me.	1	2 3 4 5 6
20.	People get ahead as fast here as they do in other places.	1	2 3 4 5 6
21.	My supervisor shows too little interest in the feelings of subordinates.	1	2 3 4 5 6
22.	The benefit package we have is equitable.	1	2 3 4 5 6
23.	There are few rewards for those who work here.	1	2 3 4 5 6
24.	I have to much to do at work.	1	2 3 4 5 6
25.	I enjoy my coworkers.	1	2 3 4 5 6
26.	I often feel that I do not know what is going on with the organization.	1	2 3 4 5 6
27.	I feel a sense of pride in doing my job.	1	2 3 4 5 6
28.	I feel satisfied with my chances for salary increases.	1	2 3 4 5 6

<b>1=Disagree Very Much</b> <b>2=Disagree Moderately</b> <b>3=Disagree Slightly</b>		<b>4=Agree Slightly</b> <b>5=Agree Moderately</b> <b>6=Agree Very Much</b>					
29.	There are benefits we do not have which we should have.	1	2	3	4	5	6
30.	I like my supervisor.	1	2	3	4	5	6
31.	I have too much paper work.	1	2	3	4	5	6
32.	I don't feel my efforts are rewarded the way they should be.	1	2	3	4	5	6
33.	I am satisfied with my chances for promotion.	1	2	3	4	5	6
34.	There is too much bickering and fighting at work.	1	2	3	4	5	6
35.	My job is enjoyable.	1	2	3	4	5	6
36.	Work assignments are often not fully explained.	1	2	3	4	5	6

Question number 37 refers to the following definition of participative management: "A method to inspire people and facilitate group action.....sharing knowledge, information and the decision-making process itself in order to get employees cooperation and allow them to do some things the way they'd like to" (Uris, 1986).

37. I feel that my administrator predominatly practices with a participative leadership style?	Yes_____ No_____
--	------------------

**Please answer the following demographic questions:**

38. Size of your facility (number of beds) \_\_\_\_\_.
39. Years of experience as a Director of Nursing \_\_\_\_\_.
40. Number of years that you have worked with your current  
administrator \_\_\_\_\_.
41. Your age \_\_\_\_\_.
42. Gender. Male\_\_\_\_ Female\_\_\_\_\_.
43. Education. Diploma\_\_\_\_\_.
- ADN\_\_\_\_\_.
- Bachelors (Please specify)\_\_\_\_\_.
- Masters (Please specify)\_\_\_\_\_.
- Doctorate (Please specify)\_\_\_\_\_.

APPENDIX B  
COVER LETTER

Dear Director of Nursing:

I am requesting that you participate in a study concerned with the job satisfaction of Director of Nurses as related to the leadership style practiced by administrators. I believe that this is a very important and timely issue facing the long-term care industry today. There are a total of 427 long-term nursing facilities throughout the state of Iowa. The Director of Nurses in each of these facilities will be receiving this questionnaire. I am asking you to complete the questionnaire and return it to me in the enclosed self-addressed stamped envelope.

This study is part of my graduate work in the Masters of Science Nursing program at Drake University. Your participation requires that you answer a total of 43 questions which will take approximately 20 minutes to complete. Your response is critical to the success of this study, however, you are not required to participate. The return of your questionnaire will constitute consent to participate.

All aspects of this study have been designed to assure complete confidentiality. There is no way to identify who completed the returned questionnaire. Your name or the name of your facility will not be identified in any writings about this study. All data will be reported in the aggregate.

If you are interested in the results of this study, please return the request for results form in a separate envelope. If you have any questions about this study please contact Dr. Mary Hansen, Graduate Coordinator, Drake University, Division of Nursing, Des Moines, Iowa. #(515) 271-2830 or myself at 4313 67th street, Urbandale, Iowa. #(515) 276-6864.

Again, your participation is greatly appreciated. It is my hope that the results of this study will lead to a better understanding of the needs of Directors of Nurses working in Long-Term Care.

Sincerely,

Jane A. Hutton RN, BSN



## APPENDIX C

## REMINDER LETTER

Dear Director of Nursing

This letter is regarding the questionnaire you previously received on job satisfaction. If you have not already completed and returned the questionnaire, I am requesting that you do so. As explained in the letter that accompanied the questionnaire, this study is part of my work in the Masters of Science Nursing program at Drake University. I feel that this study, pertaining to job satisfaction of Directors of Nurses is important for our profession and the long-term care industry.

Again, if you have not completed and returned your questionnaire, please do so now. Your participation is very important and greatly appreciated.

Sincerely,

Jane Hutton RN, BSN  
4313 67th Street Urbandale, Iowa 50322

## APPENDIX D



Department of Psychology  
College of Arts and Sciences  
University of South Florida  
4202 East Fowler Avenue, BEH 339  
Tampa, Florida 33620-8200  
(813) 974-2492  
FAX (813) 974-2668

November 20, 1992

Ms. Jane Hutton  
4313 67th Street  
Urbandale, Iowa 50322

Dear Ms. Hutton:

You have my permission to use the Job Satisfaction Survey for your research. The only condition is that you share your results with me so I can add them to the norms of the instrument.

Enclosed is a copy of the scale, the AJCP article which describes its development and scoring, the most recent norms, and a form for sharing your results.

The norms are shown for three groups. First, there are human/social service organizations, including mental health, medical, social service and corrections. Second, are a combination of municipal, utility, and private sector retail and financial organizations. This may seem like an odd combination, but means were relatively homogeneous among these organization types. Finally, there is the overall which consists of all samples, including several that were somewhat general (e.g., fulltime employed students taking a weekend class). The overall is disproportionately human/social service.

Thank you for your interest in the JSS and good luck with your research.

Sincerely,  
*Paul E. Spector* ep  
Paul E. Spector,  
Professor

PES:lfp  
Enclosures